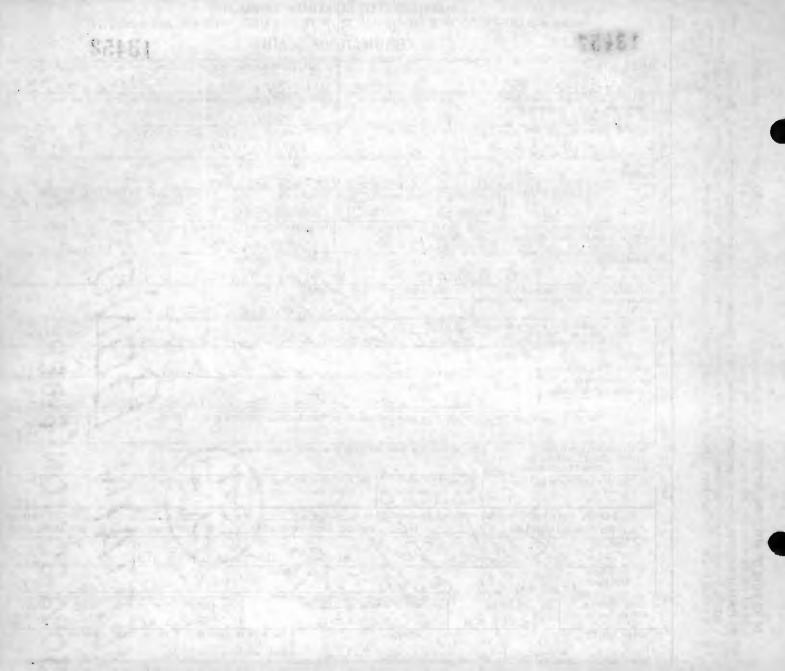
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13456 13451 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Maryland o. COUNTY b. COUNTY D Worcester MARYLAND Worcester dy c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corparate limits, c LENGTH OF STAY IN 1b and write RURAL and give nearest town) after Snow Hill Snow Hill d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS farm Del haurs ON A FARM? Covington St. 1116 Dighton Ave. NO E Item 18. Give Pages YES 🗌 3. NAME OF Middle 4. DATE with the Sto within 72 I Inst Month Year Day DECFASED the Jerome E. (Type or print) Bratten Sept. 19 66 DEATH S SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Days Hours Aug. 8. Male 1910 Negro WIDOWED DIVORCED 24 Bours Office 1Da. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if refired)

Never Worked INDUSTRY Snow Hill, Maryland = Examiner's page! 14. MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME This certificate shauld be executed within James E. Bratten Levater Collick E pup WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT rd "pending" in Chief Medical E permit. (Yes, na, ar unknown) I(If yes give war or dates at service) remayal, Rossie W. Bratten, Salisbury, Md. No None 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), burial-transit PART I. DEATH WAS CAUSED BY H IMMEDIATE CAUSE (a) ward burial, crematian, DUE TO Conditions, if ony, which gave p rise to immediate cause (o), DUE TO stating the underlying cause 0 writing lost. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (IN PART I(g) CERTIFICATION NO D certificate. 0 pe 2Do. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) shautd PRIMARY I or CONTRIBUTING I EXAMINER: CAUSE OF DEATH. MEDICAL 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) Haur o.m. factory, street, office bldg., etc.) Not While ot work at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X FUNERAL DIRECTOR: Inquiry and in my opinion Natural causes Undetermined manner death resulted fram: Suicide | Hamicide be retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 10 **EXAMINER'S** may Health NAME (Type) Address (Street, city, town, or county) 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) 0 Bur a I 24. FUNERAL DIRECTOR VR A15ME (5) Melianely 1966 Hill. Snow

Idia: ____ 1411 976 Links byp. .

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2d Film #G CERTIFICATE OF DEATH deoth within 24 hours after death funeral 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY o. COUNTY and in any event, within 72 hours after MARYLAND ARVLAND c. CITY OR TOWN Mf outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) ERLIN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO S NAME OF remove corbon Middle 4. DATE Month Dov Year ampfetely DECEASED RBAGE 19 66 (Type or print) DEATH executed AGE (In years S. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Hours 50 WIDOWED DIVORCED ono 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be during mpst of working life, even if retired) INDUSTRY COUNTRY? physicion けりつくきいい 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removol, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, ng orunknawn) (If yes give war ar dates of service 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN signed by the buriol-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Poge 4 moy be retoined by the haspitol or attending physician. DUE TO burio Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause hos been Stote Dept. of Health prior to for use os the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO this certificote YES 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form. (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After at work pe 21. I certify that (I) (this haspital) attended the deceased fram. director, page 3 should should be filed with the saw the deceased alive an-1966, and that death accurred at M, fram causes and on the date stated above 22g. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR 22C PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 235 DATE THEREOF 23d. AOCATION (City or Town) (County) (State) REMOVAL (Specify) VSRORGEL 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH
13453

2020	1010
1. PLACE OF DEATH a. COUNTY COICESTET MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	
write RURAL and give nearest town)	Perlin 23 /
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress	d. STREET ADDRESS e. IS RESIDENCE
IO7 cest otreet	TOT OST STREET ON A FARMILY YES NO 13
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	arroughs DEATH Sept. 19 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Female White WIDOWED DIVORCED	9-2-1928 last birthday) Months Days Hours Min.
10a 11SHAL OCCUPATION/Glyakind of work done 10h KIND OF RUSINESS OF	111. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) NDUSTRY HOUSEWIFE HOUSEWIFE	North Cerolina U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
"illiam Gurkin	Annabelle Lee
	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service)	
	illiam T. Burroughs Berlin, ld.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Subarachnoid	hemorrhage ?
DUE TO	
Conditions, if any, which (b)	
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 While at work at work	tory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, h	eld an Autopsy [X]. Inspection [], Inquiry [], and in my opinion
	uicide . Homicide . Undetermined manner
(DO'O) 12 /5/-	CHIEF MEDICAL EXAMINER
ACTUAL CLEAT ONLY & Sho	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE STATES OF A CONTROL O	DEPUTY MEDICAL EXAMINER Acting 9-20-66
NAME (Type) Clifford. E. Schott. M.D.	Address (Street, city, town, or county)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	on Morcester do d.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Anna A. Burbage Berlin, Lary	and DATE SEP 27 1966 Mcliarles Judge
The state of the s	LOTICE DATE SEES NO. 17

VR A15ME 3500 4-64

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File bages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in Any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13459 MEDICAL EXAMINER'S CERTIFICATE OF FOR STA HEALTH DET 2. USUAL-RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH ORCESTER o. COUNTY o. STATE delay is 3 10 PM3. Page MARYLAND deot Department C LENGTH OF STAY IN 16 b. ATY OR TOWN (If outside corporate limits d. STREET ADDRESS e. IS RESIDENCE ON A FARMS d. NAME OF HOSPITAL OR INSTITUTION (1) not in hospital, give street oddress) hours pencil in Item 18. Give Pages 1, Office along with form YES NO State (hours after death. 3. NAME OF First Middle Lost DATE Month Doy Year DECEASED OF CALIDE the within 7 19 DEATH (Type or print) with t IF UNDER 24 HRS. IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF AGE (In years 7. MARRIED bithdoy) Months lost Doys Hours WIDOWED DIVORCED and 2 event 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR -KState or foreign country) 10g. USUAL OCCUPATION (Give kind of work done COUNTRY? This certificate should be executed within 24 forwarded to the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME _ 0 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address permit. (Yes, no, or unknown) [(If yes give wor or dates of service) or removal, pending CAUSE OF DEATH (Enter only one couse per, live for (o), buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) writing the word burial, cremation, DUF TO Conditions, if ony, which gove (6) rise to immediate couse (o), DUE TO stoting the underlying couse 0 SD lost. nseq (WAS AUTOPSY RERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO please execute the certificate. pe 0 4 should be 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should agent, prior PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) (City or town) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. While Not While Your FUNERAL DIRECTOR: Page ot work of work designated 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian 0 Natural causes Suicide Hamicide Undetermined manner death resulted fram: be retoined CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 0 Health Address (Street, city, town, or county NAME (Type) 23b. DATE THEREO NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION. 0 REMOVAL (Specify) EGISTRAR'S SIGNATUR REGISTRAR 24. FUNERAL-DIRECTOR REC'D BY VR A15ME (5) 6M 1/66



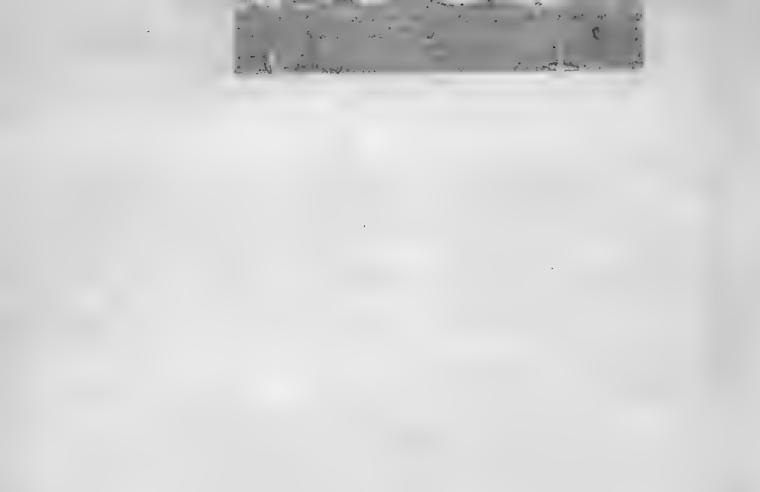
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE o. COUNTY 5. COUNTY Page worceste of o death, MARYLAND Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) STOCKTON. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENC with the State Dep within 72 haurs a Item 18. Give Pages 1, ON A FARM? P & L Poultry Plant YES T NO D haurs after death. 3. NAME OF DATE Year DECEASED 1966 DEATH S. SEX 6. COLOR OR RACE 9. AGE (In IF UNDER 24 HRS 7. MARRIED rst birthdoy) Months Doys Hours WIDOWED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) be executed within 24 Labore 13. FATHER'S NAME 14. MOTHER'S MAIDEN in pencil 17. INFORMANT (If yes give wor or dotes of service) ar remayal, & state pending INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY This certificate should writing the ward crematian, DUF TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse burial, r 90 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 0 20o. EXTERNAL CAUSE WAS PRIMARY Sor CONTRIBUTING CAUSE OF DEATH. prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) plnous designated agent, 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, coctory, preet, office, bldg , etc.) (City or town) (County) (Stote) While Not While of work may be retained for your FUNERAL DIRECTOR: Page 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X and in my apinian Suicide Undetermined manner death resulted fram: Natural causes Accident Hamicide X 22. DATE SIGNED DEPUTY MEDICAL EXAMINER ar Health of Address (Street, city, town, or county) NAME (Type) 23o. BURIAL CREMATION. DATE THEREOF 23d. LOCATION (City or Town) BUY14 UNIONVIlle WorceskyM 24/FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S VR ATSME IN

1016. College 12 ADLIDAS. 418 Bind-ST Charles Stewart Coaten Sept 15 46 Jan 4 1527 39 417.12 Edit South Alte Jo 457 Personal record Estate Police FRONTE pulmenous Henors Enge Shit LOFF CRUIT 1040 Por ce X Ple Poulong Stockton And THOMAS J ROBERTS * Esser Poplant

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY Worcester Maryland Wordester MARYLAND Pages CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours bon papers. Pag within 72 hours Life Pocomoke City Pocomoke City .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Second Street Second Street NO K within etely carbon NAME OF First Middle Last 4. DATE Month Day Year DECEASED DF event, (Type or print) NORA ${f ELLTS}$ DEATH September 16 19 66 executed 6. COLOR OR RACE and cor 5. SEX DATE OF BIRTH AGE (In years) IF UNDER 1 YEAR HF UNDER 24 HRS 8. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours any White Female 9 2 WIDOWED IX DIVORCED [10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY Worcester County, E SI 12. CITIZEN OF WHAT COUNTRY? death certificate be the attending physical to permit. Then pleas Housewife U.S. Maryland 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal Joseph Niblett Mahalia Blades 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 6 (Yes, no, or unknown) | (If yes give war or dates of service) No Mildred Brimer. None cremation, Pocomoke CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN requires that the 44 ONSET AND DEATH been signed the burial transit PART I. DEATH WAS CAUSED BY: attending physician. -aar IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating prior underlying cause last, 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate the hospital or NO F YE\$ PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) this cent detached DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year I 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (State) (County) det be de State factory, street, office bldg., etc., Hour a.m. While Not While at work at work p.m. should ith the w 21. I certify that (I) (this hospitally attended the deceased from 3 should with the and that death occurred at a from the causes and on the date stated above. retai saw the deceased alive on 22a. SIGNATURA 22b. DATE SIGNED **96** OR O page MED. DIRECTOR M.D. O HOSPITAL 22c. PHYSICIAN'S FUNERAL director, p 22d. ADDRESS NAME (Type) Trader, M.D., 302 Market St. Pocomoke City, Md BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY DESCRIPTIONS 23d. LOCATION (City, town or county) 23a. (State) REMDVAL (Specify) 0 8-1966 Salem Burià] Methodist City. Pocomoke Maryland EUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR AIS (4) ocomoke . Md DATE 2DM 1/65 Ro Watson



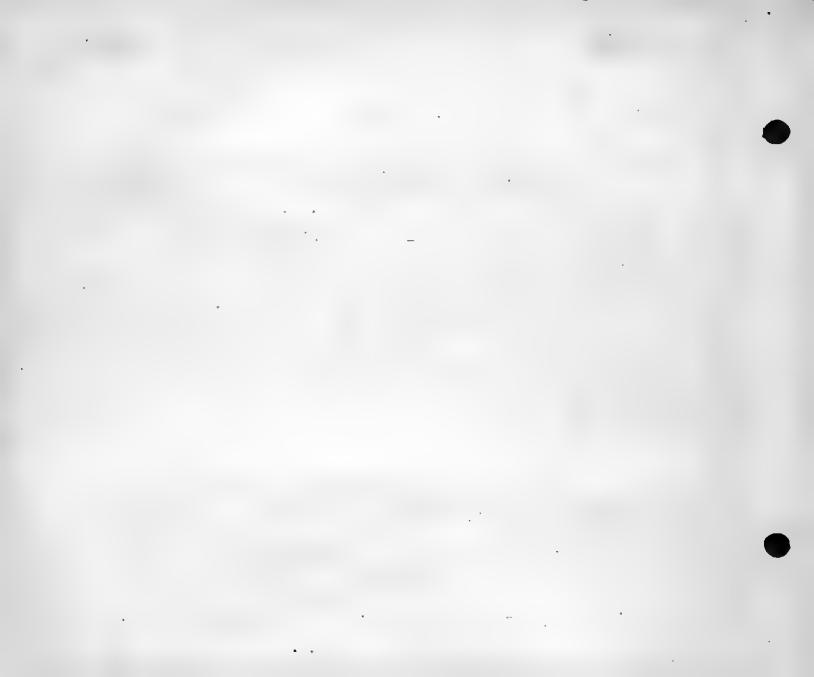
-	DIVISION OF STATIS	MARYLAN TICAL RESEARCH	D STATE DEPA AND RECORDS, 30	RTMENT OF 01 W. PRESTON	THEALTH STREET, BALTIN	ORE 1, MARY	LAND
	7 32	C	ERTIFICATE O	OF DEATH		3457	
1.	PLACE OF DEATH	* * * * * * * * * * * * * * * * * * * *		- 41	(Where deceased lived, If	,	before edmissi
	1) or cia toc	,	MARYLAND TO	STATE	b. 100U	Porceal	w.
	b. CITY OR TOWN (if outside corporet write RVRAL end give) neerest tow	te limits, c. LENG	TH OF STAY IN 16 c.	CITY OR YOWN (II or	itside corporete limits, writ	e RURAL and give ne	aresi fown)
	Derlin	-5	OYRS	Della	لما		LE BEELEELA
d	I. NAME OF HOSPITAL OR INSTITUT	ION (if not in hospitel, give	street (address) d.	STREET ADDRESS	1 05	1	on a FARM
	NAME OF	First	Middle	Last 4	DATE Moni	h Dev	YES NO.
	(Type or print)	2		RRISON.	OF DEATH	0 28	1966
	SEX 6. COLOR OR	RACE 7. MARRIED X NEVI	ER MARRIED 8. DATE	OF BIRTH		IF UNDER TYEAR 1	F UNDER 24 HR
	M	WIDOWED [DIVORCED DE	c. 18,189	O lest birthdey]	Months Days	Hours Min.
10	e. USUAL OCCUPATION (Give kind of open during most of working life, even if	retired)	SINESS OR INDUSTRY 11.	BIRTHPLACE (County &	k Stele, or foreign country	12. CITIZEN OF	WHAT COUNT
1	RETIRED	POULTRY	(YAISER	BALLSTO	N SPANI	105	◁
13	FATHER'S NAME	C	14. M	NOTHER'S MAIDEN NA	- 14		
1,5	CHARLES H.	DEPRESE LIA SOCIAL SI	CURITY NO. 17, INFOR	WANT	LE IT ART		
	es, no, or unkown) (Ifyesgive warorde		iv. March	OF)	BERLIA	Mo
	18. CAUSE OF DEATH [Enter on	y one couse per line for (a),	(b), end (c).)	17,4,0	WESTSON	INTE	RVAL BETWEEN
	PART I. DEATH WAS CAUSED IMMEDIATE CAUSED	BY: 1 Physman	COMME	retates		2N5	ET AND DEATH
	1///2 V	JE TO		2020-0-0	,		100
	Conditions, if any, which	(b) Septen	mount -	Estisasi	elisosis		
	(a), stating the underlying	JE TO 1					
	couse last.	(c)	YO DEATH SHEET NOT BELL	TID TA SIII TIBIIDII.	high at conjugation of	WELL BLOOM BY 1 10	1440 5 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ATION	PART II. OTHER SIGNIFICANT C	OUDITIONS CONTRIBUTING	BUT NOT RELA	TEO TO THE TERMINAL	DISTASE CONDITION GI		PERFORMED?
Y.	200. ACCIDENT WAS UNDERLYING	T 20h DESCRIBE HON	W INJURY OCCURRED. (Ente	r natura of injury in Do	t I or Pert II of Item IR)		s No Ø
CERT	OR CONTRIBUTING CAUSE OF DE	ATH	CONNES. JEMIE	. Totale of talmin in Fe	At Lost to At Heatt and		
SAL	20c. TIME OF INJURY Month, De	y, Yeer 20d. INJURY OC		INJURY (Home, ferm,	20f. (City or town)	(County)	(Stete)
¥ ED	Hour e.m.	While blot V	rork lectory, stre	eet, office bldg., etc.)		_	
	21. I certify that (I) (this h	ospital) attended the	deceased from 14.5	5 19	109-28	196,6 th	at (I) (we) I
	saw the deceased alive on	1-28 19	6,6, and that death	occurred at Vi	M, from the causes	and on the date	stated abov
	220. SIGNATURE	1)		TTENDINGMED		1	22b. DAT
	228 PHYSICIAN'S	ins	M.D. P		CTOR PHYS.	achter	1196
	NAME (Type)	Lewis	2.	mallast	a Smaradl	all	
23	a. BURIAL, CREMATION, 23b. DATE	THEREOF 123c, NA	ME OF CEMETERY OR CRE	MATORY 1	13d. LOCATION (City, to	own or county)	(Stete)
-	REMOVAL (Specify)	0 66	5 VER CO	GUIV	BERLIN	M	מפשי גופ מ
24	FUNERAL DIRECTOR'S SIGNATURE		OPRESS (GISTRAR'S SIGNATU	IRE T
	Anne A. Bu	wage Ber	hu mo	- DATE OC	Г 7° 1966	(Charles	udge
		V					V



- 10 TO B	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	201
	3458 CERTIFICATE OF DEATH 13458	}
haurs after death in by the funeral srs. Pages 1 and 2 2 hours after death	PLACE OF DEATH a. COUNTY DROUGH STATE ADDRESS 2. USUAL RESIDENCE (Where deceased lived, if institution Resident on STATE of STAY IN 16 to STATE ADDRESS 2. USUAL RESIDENCE (Where deceased lived, if institution Resident on STATE of STAY IN 16 to STATE OF STAY IN 16 to STATE OF STAY IN 16 to STATE ADDRESS 2. USUAL RESIDENCE (Where deceased lived, if institution Resident on STATE OF STAY IN 16 to STAY IN 1	ect STER
rtificate be executed within 24 haurs after death. physical and completely filled in by the funeral en please remave carban papers. Pages 1 and 2 oval, and in any event, within 72 hours after death	WIDOWED DIVORCED SEPT. 23, 1963 (ast brithday) Manthis 10a USUAL OCCUPATION (Give kind of wark dane during most of warfung life, even if retired) 13 FATHER'S NAME WIDOWED DIVORCED SEPT. 23, 1963 (ast brithday) Manthis 14 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME	YES NO DOY YEAR JE UNDER 24 HRS. DOYS HOURS MIN IZEN OF WHAT UNTRY?
it the death ce the attending isit permit. The matian, ar rem	IS WAS DECEASED EVER IN J. S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one cause per line-to; (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause DUE TO	ILLE DEL INTERVAL BETWEEN ONSET AND DEATH
PHYSICIAN: he haspiral ar this certificate etached for u Dept. af Heal'	Description Part Other Significant Conditions Contributing to Death But not related to the terminal disease Condition given in Part I(a)	ne date stated abave
TO HOSPITAL OR ATTENDING Page 4 may be retained by fi TO FUNERAL DIRECTOR: After director, page 3 should be d see should be filed with the State	22c PHYSICIANS DIRECTOR DIRECT	(County) (State) (R. 1/15) IGNATURE PLOY JUNGSE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY h COUNTY the frees 1 Worcester Marvland Worcester MARYLAND etely filled in by the bon papers. Pages I within 72 hours afte b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Rural-Stockton c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hours Rural-Stockton years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R.F.D. YES X NO completely to we carbon p certificate be executed within NAME OF First Middle Last DATE Month Year remove carbo DECEASED ANNIE JONES 8 (Type or print) ELTZABETH 19 66 DEATH September AGE (In years | IF UNDER 1 YEAR | last birthday) | Months | Days | 5 yrs. 5. SEX 6. COLOR OR RACE IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED 8. NEVER MARRIED Hours Female White WIDOWED 3 DIVORCED [Nov. lease re and in 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT fremoval, and in 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country)
ACCOMACK County during most of working life, even if retired) INDUSTRY COUNTRY? Virginia U.S.A. Housewife 13. FATHER'S NAME MOTHER'S MAIDEN NAME William T. Justice Sallie Dix as been signed by the attending as the burial-transit permit. To prior to burial, cremation, or re-15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) I (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Stockton, Baylis, Maryland No Mrs Margaret none INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). the hospital or attending physician. DUE TO Hears Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO YES [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) detached for the Dept. of F MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work p.m. retained DIRECTOR: A age 3 should lled with the S 21. I certify that (I) (this hospital) attended the deceased from 19 and that death occurred at 10 AM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE MED. page STAFF M.D. DIRECTOR PHYS. O FUNERAL | director, pa should be fill O HOSPITAL 22c. PHYSICIAN' 22d. ADDRESS Hill, Snow Maryland Page 4 23c. NAME OF CEMETERY HEXCREMATORY. 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF -1966 Brittingham Cemetery Accomack County Virginia REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Pocomoke City, Md DATE VR A15 (4) 20M 1/65 Watson



	Ite	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		13464 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13464
HEALTH DEVT.	1.	PLACE OF DEATH O. COUNTY O. STATE
h. If eny delay is ges 1, 2, and 3 to 1 farm PM3. Page ate Department of haurs after death	(b. CITY OR TOWN (If-autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
50 00	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS ON A FARM? YES \(\) NO
ve Pa y with		NAME OF DECEASED (Type or print) John Wesley Malbourine Death Sept. (2 1966)
w ale		SEX OF COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH S. Ost birthdoy) WIDOWED DIVORCED DIVORCED WIDOWS DOYS Hours Min.
hin 24 haurs ncil in Item II niner; Offine pages Fond 2 in any event	du	10. USUAL OCCUPATION (Give kind of work done Industry) 10. USUAL OCCUPATION (Give kind of work done Industry) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
s certificate shauld be executed within 24 e, writing the word "pending" in pencil in farwarded to the Chief Medical Examiners used as a burial-transit permit. File pages burial, crematian, ar remaval, and in any		S. MAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address 12 Address 12 Address 13 Address 14 Address 15 Address 1
oe executed "pending" ir ief Medical I ist permit. I ir remaval, c	()	res, no or anknown) (If yes give wor or dotes of service) 220-28-121 ADI (Ne Witcher, Octo, Mid
d be ey d "pen Chief M rransit p		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), grid (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o)
IER: This certificate should be e certificate, writing the word "per auld be farwarded to the Chief Pes. es. shauld be used as a burial-transit; priar to burial, crematian, ar re		Conditions, if any, which gave rise to immediate cause (a), DUE TO Pulmonary edema acute Undetermined
certificate certificate writing th arwarded i		stoting the underlying couse (c) ASCVD with marked coronary sclerosis Approx. 5 year PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) (estimate was auropsy)
	CERTIFICATION	None 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
MINER: The three certificates the certificates to should be in files. Be 3 should be gent, prior to		
L EXAMINER ecute the cer Page 4 shaul ar yaur files. R: Page 3 shaul ated agent, p	MEDICAL	p.m. " of work = of work = 1
_ a a a a a		21. I certify that I took charge of the remains described above, held an Autopsy Inspection I, Inquiry I, and in my opinion death resulted from: Notural causes . Accident I, Suicide I, Hamicide I, Undetermined manner.
DEPUTY MES ALL EXAM cessary, please execute th e funeral director. Page 4 may be retained far your FUNERAL DIRECTOR: Page rath or its designated age		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED SECURITY MEDICAL EXAMINER 12. DATE SIGNED
	23	NAME (Type) Address (Sheet, Life Joyce of County) Address (Sheet, Life Joyce of County) (County) (State)
R	1	REMOVAL (Specify) 9-18-66 Evergree Berlew Worcester The Fungation of Children State
VR A15ME (5) 6M 1/66	3/2	Forella & Jolley Jerseyld. Sales, Int. DATE SEP 19 1956 Scharles Judge

LAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a COUNTY ... b. COUNTY by the and 2 Worchester MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Hebron Federalsburg. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS none rural 3. NAME OF 4. DATE Month Middle 72 DECEASED OF (Type or print) DEATH 5. SEX COLOR OR RACE B. DATE OF BIRTH 9. AGE (in years | IF UNDER 1 YEAR NEVER MARRIED 7. MARRIED last bighday) Months Nov. 3. fem. WIDOWED A DIVORCED 10s. USUAL OCCUPATION IGive kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Vinton County Ohio housewife none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lucinda Shelton Noah Dearth 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) Hebron. Mrs. Roland Kaiser no none 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATI 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 206 ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.] Hour e.m. While Not While et work el work TOR: 19.66 and that death occured at 1. .M. from the causes and on the date stated above. 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d, LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY purial g 4 Cem. Federalsburg Wd. 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE **YR A15 (4)** Federalshurg.

DATE

15M 7/61

. IS RESIDENCE

Yeer

IF UNDER 24 HRS.

Hours

Md.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO T

(Stote)

22b. DATE SIGNED

(State)

Dev

ON A FARM? YES NO -

1966

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